

2001 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-05-2001 90069 022 ****61.25

DOCUMENT # 713287

1. Entity Name

REALTORS ASSOCIATION OF INDIAN RIVER COUNTY, INC

Principal Place of Business

2182 PONCE DE LEON
VERO BEACH FL 32960

Mailing Address

2182 PONCE DE LEON
VERO BEACH FL 32960

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1877401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, GEORGE G JR
756 BEACHLAND BLVD
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PE	<input type="checkbox"/> Delete
NAME	PARADISE, RODNEY C	
STREET ADDRESS	2855 OCEAN DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIELER, ERIC	
STREET ADDRESS	321 21ST STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KLENSTIVER, WAYNE	
STREET ADDRESS	P.O. BOX 6535 N/A	
CITY-ST-ZIP	VERO BEACH, FL 00000 32961	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, MARIA L	
STREET ADDRESS	855 21ST STREET, SUITE 1	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS, NANCY	
STREET ADDRESS	118 43RD AVE	
CITY-ST-ZIP	VERO BCH. FL 32968	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, DAVID	
STREET ADDRESS	1511 U.S. HIGHWAY 1	
CITY-ST-ZIP	VERO BEACH FL 32958	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Past President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josephine Pirozzoli	
STREET ADDRESS	936 US Highway 1	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	President Elect (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois K. Work	
STREET ADDRESS	2901 Ocean Drive	
CITY-ST-ZIP	VERO BEACH, FL 32964	
TITLE	Secretary Treasurer (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Donner	
STREET ADDRESS	2800 Ocean Drive, Suite E	
CITY-ST-ZIP	VERO BEACH, FL 32963	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lois K. Work
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois K. Work, President Elect 1/02/01 561-567-

Date

Daytime Phone #

3510

CR2E037 (10/00)